

Request for Compensatory Time Off

Name: _____

I am requesting compensatory time off, in lieu of payment, for hours worked beyond my normal assigned work period. I understand that I may have payment for these hours, if desired.

The following hours qualify for Compensatory Time Off:

Date	Total Hours Worked	Hours to be Used for Compensatory Time Off

This form must be submitted during the pay period in which the hours were worked.

Signature of Individual Requesting Compensatory Time

Signature of Supervisor